We are asking for your permission to audio record the discussion you will have with your doctor today.

Our goal is to understand how to improve patient and doctor communication. Participation is voluntary and declining will not affect your care. If you do agree, we will securely transmit the recording to Johns Hopkins researchers who will evaluate the discussion. We will share the evaluation with your doctor.

There is minimal risk to your privacy from participating. Federal laws require that we protect the privacy of your health information. To protect your privacy, the recording and transcriptions will be stripped of identifiers, stored on password protected computers by Geisinger researchers, and kept as confidential as possible. Your information will only be used or shared for research and education. Your recording will be combined and stored with health information about you in a form that is not linked to any identifiers. Johns Hopkins researchers will destroy all recordings and transcriptions. When reporting results, patient information will be grouped together, not reported individually.
This patient has agreed to have their back pain visit with you recorded.

Recording Status: Recording Not Started
Push START to Begin Recording
eLowBackPain CDS Patient Data Tab
eLowBackPain CDS Physical Exam Tab

The Physical Exam findings must be confirmed to submit orders to Epic.
## eLowBackPain CDS Care Discussion Tab

### CARE DISCUSSION

#### Overview
- **Possible muscle strain or sprain**
- **NSAIDs reduce pain and inflammation**
- **Activity advice**

#### Patient Concerns
- **Concerned that pain will prevent them from being active**
- **Making the most of pain relief with an active lifestyle**
- **Monitor pain relief**

#### Activity Advice
- **Staying active usually reduces pain**
- **Patient should maintain activity**
- **Gradually resume usual activities**

#### Work Advice
- **Patient thinks opioids will be helpful**
- **Patient thinks opioids are helpful**
- **Patient thinks CTCs are helpful**

### Medical Assessment
- **Current LBP episode has lasted < 6 wks**
- **LBP comes and goes**
- **Mild pain intensity**
- **Non-specific LBP**

### Guideline Recommendations
- **Opioids not recommended for non-specific LBP**
- **Opioids do not reduce inflammation and may reduce activity**
- **If essential, consider short-acting opioids and limit to a few days supply for flare-ups**
- **Patient has not tried an OTC**

### Imaging Orders
- **No imaging procedure is recommended given the patient’s assessment**
- **Patient thinks imaging will be helpful**
- **Patient thinks surgery will be helpful**

### Referrals
- **Patient thinks back pain specialist will be helpful**
- **Patient thinks back pain specialist will be helpful**
- **Patient thinks back pain specialist will be helpful**

---

---
Today's Visit Note

FEAR D ELBP is a participant in the eLowBackPain study

History:

Patient Reported Pain, Symptoms, Mood, and Functioning
Red Flag: Not assessed
Current Duration of Episode: within the past week
Pain Status: Mild (2/10) Intensity; Mild (2/10) Interference
Radiating Pain: None reported
Neuropathic Pain: Not assessed

Social History:

Patient Reported Work Impact
Work Status: Not assessed
Work Remedy: Not assessed

Patient Reported Psychosocial Concerns
Fear Avoidance: None reported
Depression: No significant depressive symptoms
Anxiety: No anxiety

Clinical Notes:

Push ONCE to submit Progress Note to Epic